

with unerring  
Wm. H. Pancoast

# HORNY TUMORS.

BY

W M. H. PANCOAST, M.D.

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**Horny Tumors—Cornua Cutanea—Horny Excrescences  
—Cornes de la Peau—Production Cornée.**

BY WM. H. PANCOAST, M.D.,

Demonstrator of Anatomy, Jefferson Medical College, Surgeon to the Philadelphia Hospital,  
and Surgeon to Charity Hospital, etc.

THE accompanying photograph is that of Capt. Levi Becket, a resident of Atlantic City, New Jersey. The horny tumors were photographed on his face by simply tying them on in the position from which they fell, he having come to me with them in his hand.

When he visited me at my office, on the 27th of last June, his face was in a horrible condition. The whole skin of the nose and cheeks, and a portion of that upon the forehead and lips, was covered with horny sores,—the one involving the left cheek, from which the large horn had fallen, being offensive and heaped up with horny scabs.

The patient states that he is 78 years of age, has lived most of his life in the open air as a fisherman and gunner, his health generally good, with the exception of some three or four successive and severe attacks of erysipelas, produced, as he presumes, from exposure to the sun and wind. The last of these attacks he characterizes as malignant.

According to his statement, and that of his daughter and son-in-law, the horns, after this last attack, began to grow upon the nose and both cheeks, and first appeared in the form of small

warts, about six years previous to the date of this report. No special treatment was resorted to further than pulling off the warts and applying some herb washes.

The horns continued to grow and the affection to spread over the face until about the fourth year of its duration, when the base of each of the two larger horns began to ulcerate, causing them, as he expresses it, to "rot off." The surfaces from which the horns fell became open ulcers, covered over and filled up with horny scabs.

I admitted Capt. Becket as a pay patient to the wards of the Philadelphia Hospital. Placed him under a supporting treatment, and, at the end of three days, I scraped off the scabs before the Clinical Class, and touched the raw surfaces freely with the crystals of the chloride of zinc. This I applied over nearly the whole face, scraping away the altered epithelium with the handle of the scalpel, and rubbing on the zinc.

This was the treatment excepting in regard to the ulcer, which had been the base of the largest horn on the left cheek. There the disease had been so severe as to destroy the superficial fascia, making a large, circular ulcer, not movable with the skin, two inches in diameter (having the appearance of an epithelial cancer), which involved the periosteum of the superior maxillary and malar bones as far up as, and for the whole breadth of, the lower margin of the orbit. Here I had to use the edge of the scalpel freely, cutting off and scraping away the unhealthy granulations down to the bone.

The zinc application was repeated three times, the last two, on account of the pain produced, while the patient was under the influence of ether. Subsequently it became necessary to give him full doses of morphia to ease his suffering, and a solution of lead-water and laudanum was applied over the face. As the patient, though much benefited by these operations, declined to submit to them again, I applied the following caustic paste, spreading it over the surface, and leaving it on for a day:

R.—Zinci sulphat. exsic.  $\frac{5}{i}$ :

Aq. ext. opii as much as will saturate 1 oz. of water;

Wheat flour enough to make a paste, and then add zinci chloridi  $\frac{3}{ii}$ .

This application gave very little pain, and was very efficacious.

He continued to improve, both in respect to his health and the general condition of his skin. Two ulcers only were left requiring active treatment; one apparently almost cured, and the other, the worse one, on the left cheek involving the periosteum, much healthier. On the 18th of August, impatient of hospital restraint, he returned home. I heard from him on the 30th of September. He was at home, enjoying his usual open-air life, with his condition much improved. As I consider the ulcer last mentioned to have taken the form of epithelioma, I have fears for an unfavorable result through the patient's unwillingness to submit to further treatment.

Horns and horny plates are developed upon the skin and mucous membrane, but more commonly on the skin, and most often on the head; next on the thighs, their inner face, and occasionally on the trunk, buttocks, and limbs. Sometimes they spring from the epidermis lining the interior of an hypertrophied sebaceous follicle, and become prominent after the opening of the cystic cavity; sometimes from the mucous membrane of the tongue, where small horny growths are by no means uncommon, and again from the prepuce and glans penis; these parts being much exposed to irritation.

Horny growths on man, in their mode of development and nature, seem quite akin to the horns of animals. Even when burned they give forth the same odor. I scarcely think it possible to confound these growths with any other morbid production, although it is well known that epithelial cancers accumulate upon their surface yellow or brown crusts, which occasionally acquire considerable size and prominence.

The larger horny productions are themselves without sensibility, but from their prominence they are exposed to shocks which excite irritation and pain, liable to be followed by suppurative inflammation at their base, so as to be readily detached. Ingrassias says that he saw at Palermo a young girl whose body was covered, but more especially the knees, head, forehead, arms, and hands, with horny excrescences, bent and pointed. They had existed for many years, and were increasing. He says he cured them in a few days, but, unfortunately, does not mention by what means.

Fabricius speaks of a young girl of the Canton of Berne,

whose back and limbs were so covered with horny vegetations as to prevent her from standing upright, from walking or sitting, or lying on her back, without great suffering. She finally fell into marasmus and died.

Alibert mentions the extraordinary cases of the two brothers Lambert; their bodies were covered with horny excrescences, with the exception of the face, the palms of the hands, and the soles of the feet. They were often obliged to cut those in the region of the tendo-Achillis on account of their rapid growth. These two brothers (he says) moulted or shed these scales periodically with the equinoxes every spring and autumn.

Horns grow sometimes to a considerable length. Dumonceau describes one eleven inches long and three inches at the base. Sir Everard Home refers to one of the same size. J. Cloquet reports one that he saw upon the forehead of an aged female which measured at the base six to seven inches, and five in height. In the *New York Medical Repository* for 1820 is quoted a case of horny growth which was fourteen inches in circumference at its base, and consisting of three branches. (*Gross.*)

I have a model in my cabinet, which is said to have grown from the forehead, curving downwards over the face. It is sixteen and a half inches long, and two and a quarter inches in diameter at the base. It is generally stated that these horny tumors are movable with the skin; but in certain regions, as the head, where the superficial fascia is comparatively thin, the horns sometimes become immoveable, in consequence of inflammation involving the cellular tissue, and, as in the case I have cited, the periosteum. The spontaneous shedding of these horny growths, in the cases given, were very seldom followed by a cure. These productions occur most generally in the aged, but the young are not exempt. Women are said to be more subject to them than men, but this is doubtful, for according to Villeneuve's statistics, in seventy-three cases where the sex is indicated we find there were thirty-seven women and thirty-six men. Yet those cases in which the horny growth has been general, the victims have been young women. Professor Gross (*System of Surgery*) says it appears to occur with equal frequency in either sex.

But three cases of large horny growths have come under my observation; of these, two were men. In sixty cases collected by Demarquay, thirty-one were women, nineteen were men; of the ten others the sex is not mentioned. Social condition appears to affect their development, as they are most frequently found among the lower classes.

Local irritation seems very often to have been the cause of their formation, such as bruises, contused wounds, burns, and, as is possible, from the case I have reported, erysipelatous inflammation. They may occasionally be hereditary, as in the cases of the brothers Lambert, where the malady was transmitted through three generations, but only from male to male.

#### PATHOLOGY.

It is generally believed that horny growths most often take their origin from the epidermis lining a sebaceous follicle. One variety of horn is, however, described as consisting of epidermis more or less condensed and desiccated, covering a fibrous papillary core well supplied with blood-vessels. Another variety of horn is said to grow on a vascular matrix, which is flat and very slightly projecting above the level of the skin.

#### TREATMENT.

I am led to believe that when the epithelial degeneration is slight, it is best to scrape it off with the handle of a scalpel, or, if it comes in the shape of warts, and they are small, to dig them out as thoroughly as possible, and then apply the chloride of zinc freely to the wound, controlling the subsequent inflammation with suitable lotions. If the horn is large, I would make two elliptical incisions around its base, through the healthy skin, if possible, so as to remove all the diseased structure, drawing the lips of the wound carefully together and dressing simply.

If the periosteum be involved by the deep ulceration, I would treat it as I have described in the case reported above.





